	OF CALIF					((*D	Nuf		Г						
TRAVEL EXPENSE CLAIM STD 262 (REV. 10/92)						Instruction	Page 1 of 1 Pages									
CLAIMANT'S NAME					Statement On Reverse Side Page 1 SSAN OR EMPLOYEE NUMBER* DEPART											
1027451616161										Financi	al Insti	utions				
William S. Haraf POSITION CB/ID NUMBER						OR BUREA	U			1. 11.07.01	G. Mon	INDEX N	JMBER			
Commissioner					Execu	tive Divisi	ion	The William of the William Con-								
RESIDENCE ADDRESS'						HEADQUARTERS ADDRESS							TELEPHONE NUMBER			
					45 Fremont Street, Suite 1700							(415) 263-8507				
CITY			STATE	ZIP CODE		STATE			ZIP CODE							
737 MONI	TH/YEAR	(8)	(4)	(5)		rancisco	(6)	(7)		CA			(8)	94105		
		1	T.7	107	MEALS TRANSPO					ORTATION		(D)		TOTAL		
(2)	ot. 09	LOCATION	-			N/C,RELO.			(B)	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	EXPENSES		
DATE	TIME	WHERE EXPENSES	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDEN-	COST OF TRANS.	TYPE	TOLLS, PARKING	MILES	AMOUNTS		FOR DAY		
DATE	TIME	WERE INCURRED		TAGE	CONON	- Divitely		7.04,0			MILES	AMOUNTS		70110111		
									Taxii			ļ				
9/12	0545	San Francisco to North Carolina						22.00	Shuttle	135.00				157.00		
9/13		North Carolina	235.62				6.00							241.62		
		SSEA AN SERVICE SE	235.62				6.00							241.62		
9/14		North Carolina							<u> </u>							
9/15		North Carolina	235.62				6.00							241.62		
9/16	2030	North Carolina to San Francisco)	6.00	10.00	18.00			Taxi	30.00				64.00		
		17				-										
						-		1				1.0				
		W. A. W.										-				
											Yanta Merca Pitawe					
				,												
		1 1	706.86	6.00	10.00	18.00	18.00	22.00		165.00				945.86		
COLUN	M COD	(ACCTG: USE ONLY)														
						41							-	11 (10 S) 12 E		
	CLAIM	F OTAL SE OF TRIP, REMARKS AND DETAIL	C /Attach ros	ointe/voucher	e when rea	wired)					10 000000	(12) NORMA	L WORK HO	OURS		
(11)	PURPO	SE UF TRIP, REMARKS AND DETAIL	.o (Allacii rec	eipis/voucher	s when req	Juli 60/						r				
												(13)PRIVATI	730 - 180 E VEHICLE L			
9/13 -	9/16	Attended the Board of Director	ors and Ba	nkers Advi	sory Boa	ard in Norti	h Carolir	na (CSBS o	rganiza	tion)						
		Airfare was paid by the Depa	rtment Ca	ah fares \$2	2 \$30	Shuttle Co	st \$135	as approve	d by Ac	countina.						
		Alliare was paid by the bopa	runoni. Oc	ab 10100 \$2	, 400.							(14) MILEAG	E RATE CLA	AIMED		
													.55			
									1							
									II.			Agend	y Accoun	ting Office		
													Heo O	alv		
													Use Oi	iry		
			-,													
(15) IH	IEREBY C	ERTIFY That the above is a true statement of	of the travel exp	enses incurred	by me in acc	ordance with DF	PA rules in the	he service of the	State of Ca	lifornia.						
lf a	privately r	when vehicle was used, and if mileage rates	exceed the mi	nimum rate, I ce	rtify that the	cost of operating	g the vehicle	was equal to or	greater tha	n the						
	,	,	- 10		0701,0702,						NT		DATE			
CLAIMAN	nijo sign	miyiy									est fo		000000	1.01.0		
Γ.				10/6/09		Ľ.,			ж			10/19/09				
If a rate	privately of claimed,	owned vehicle was used, and if mileage rates and the thouse met the requirements as pre-	s exceed the min scribed by SAM	nimum rate, I ce Sections 0750, DATE 10/6/09	nify that the 0751, 0752,	cost of operating 0753 and 0754	g the vehicle pertaining to	was equal to or	greater tha nd seat bet	n the Lusage.	NT					

TRA		EXPENSE CLAIM				Instruction atement On				Page 1	of 1	Pages					
STD 262 (REV. 10/92) CLAIMANT'S NAME						R EMPLOYEE				Page 1 of 1 Pages IDEPARTMENT							
										Financ	ial Instit	utions					
William S. Haraf POSITION CB/ID NUMBER					DIVISION	DIVISION OR BUREAU							INDEX NUMBER				
						Executive Division											
						HEADQUARTERS ADDRESS							TELEPHONE NUMBER				
CITY			45 Fre	45 Fremont Street, Suite 1700							(415) 263-8507 ZIP CODE						
CITI			STATE CA	211 0000	56 E-57035 No.	CITY STATE San Francisco CA							9410				
(1) MON	TH/YEAR	(3)	(4)	(5)	MEALS	2110,300	(6)	(7)	TRANSP	ORTATION			(8)	(9)			
Ser	ot. 09	LOCATION			INICACO	O.T.,L/T.,		(A)	(B)	(C)		(D)	BUSINESS	TOTAL			
(2)		WHERE EXPENSES	LODGING	BREAK-		N/C,RELO. OR	INCIDEN-	COST OF	TYPE	CARFARE, TOLLS,	PRIVATE	E CAR USE	EXPENSE	EXPENSES			
DATE	TIME	WERE INCURRED	LOSOMO	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNTS	1 1	FOR DAY			
														- A			
0.14								65.00				-		er o			
9/1		Transit Subsidy			-			65.00						65.0			
					ļ					14							
9/2		Mill Valley/ Sacramento and re	lurn						RC	0			23.00	23.0			
						232.7		MOS 100 April 1970			Common Common (Common						
9/10	0200	Oakland to San Diego	264.59			18.00	6.00	14.00	RC/ P	16.00	36	19.80		338.39			
		Oakland to San Diego	204.00			10.00	0.00			4.00							
9/11	1800	San Diego to Oakland /Mill Val	ley		10.00			14.00		16.00	36	19.80		63.8			
		F 5					7			11			-				
9/22	0100	Oakland to Burbank	140.93		10.00	18.00	6.00	35.00	Toll/	16.00	36	19.80		245.73			
	0.00			6.00	100000 10000000		6.00	16.00	Toll/	16.00				263.50			
9/23		Burbank/ San Diego	191.50	6.00	10.00	18.00	6.00	16.00	Taxi Toll/	4.00							
9/24	1930	San Diego to Oakland/Mill Valle	еу	6.00	10.00	18.00		26.00	Taxi	16.00	36	19.80		99.80			

														7			
97		5 MI	597.02	12.00	40.00	72.00	18.00	170.00		88.00	-	79.20	23.00	1,099.22			
OLUN	IN COD	E (ACCTG, USE ONLY)															
8	CLAIM	TOTAL												1,099.22			
1)	PURPO	SE OF TRIP, REMARKS AND DETA	ILS (Atlach rec	eipts/voucher	s when req	uired)					I	(12) NORMA	L WORK HO	URS			
		2 2 =4										AT .	730 - 180				
September Transit: "I CERTIFY THAT NO RECEIPT IS AVAILABLE. AMOUNT CLAIMED IS									O IS	(13)PRIVATE VEHICLE LICENSE No.							
		PER DPA RULE 599.6						600									
•		pt 2 - Sacramento: Me pt 10 - Sept 11: San I							Califo	·nia·	1	(14) MIL FAG	E RATE CLA	IMED			
		nditions and Prospects'										(11) 111122710		III.ED			
•	Co												.55				
•		pt 22 - Sept 23: Pasad	 Sept 22 - Sept 23: Pasadena - Executive Committee Meeting in Pasadena. Parking \$16 per day. Cab fares \$\$35, \$8 and \$8. 										Agency Accounting Office				
•	Se _l	y. Cab fares \$\$35, \$8 a	and \$8.				• Sept 24: San Diego - Meeting re: Capitol Bancorp. Meeting with DFI Staffs. Airfare was paid										
•	Se _l day Se _l	y. Cab fares \$\$35, \$8 a pt 24: San Diego - Mee	and \$8. ting re: Ca	apitol Ba	ncorp.	Meeting	with !	DFI Staffs	s. Airf	are was	paid						
•	Se _l day Se _l	y. Cab fares \$\$35, \$8 a	and \$8. ting re: Ca	apitol Ba king \$16	ncorp. 3. Toll	Meeting \$4. Cal	with fares	DFI Staffs \$26.	s. Airf	are was	paid		Use On	ıly			
•	Se _l day Se _l	y. Cab fares \$\$35, \$8 a pt 24: San Diego - Mee	and \$8. ting re: Ca	apitol Ba king \$16	ncorp. 3. Toll	Meeting \$4. Cal	with fares	DFI Staffs \$26.	s. Airf	are was	paid		Use On	ily			
•	Se _l day Se _l	y. Cab fares \$\$35, \$8 a pt 24: San Diego - Mee	and \$8. ting re: Ca	apitol Ba king \$16	ncorp. 3. Toll	Meeting \$4. Cal	with fares	DFI Staffs \$26.	s. Airf	are was	paid		Use On	ily			
•	Se _l day Se _l	y. Cab fares \$\$35, \$8 a pt 24: San Diego - Mee	and \$8. ting re: Ca	apitol Ba king \$16	ncorp. 3. Toll	Meeting \$4. Cab	y with to fares	DFI Staffs \$26.	s. Airf	are was	paid		Use On	ily			
II a	Selday Selby	y. Cab fares \$\$35, \$8 apt 24: San Diego - Mee Department. Oakland Appearate of the statement owned vehicle was used, and if mileage rate	and \$8. ting re: Co Airport Par t of the travel expenses exceed the min	king \$16	oy me in acco	\$4. Cat	A rules in th	\$ 26. e service of the S was equal to or g	state of Cal	fornia. Ihe	paid		Use On	ily			
If a rate	Sej day Sej by	y. Cab fares \$\$35, \$8 apt 24: San Diego - Mee Department. Oakland A EERTIFY That the above is a true statemen owned vehicle was used, and if mileage rate and that the above met the requirements as pr	and \$8. ting re: Co Airport Par t of the travel experies exceed the minescribed by SAM	enses incurred to imum rate, I cei Sections 0750,	by me in accordify that the corost, 0751, 0752, 0	rdance with DP oost of operating 0753 and 0754	A rules in the pertaining to	\$ 26. e service of the S was equal to or g vehicle safety ar	state of Cal preater than ad seat belt	fornia. Ihe usage.		Ţ	Use On	lly			
If a rate	Sej day Sej by	y. Cab fares \$\$35, \$8 apt 24: San Diego - Mee Department. Oakland Appearate of the statement owned vehicle was used, and if mileage rate	and \$8. ting re: Co Airport Par t of the travel experies exceed the minescribed by SAM	king \$16	by me in accordify that the corost, 0751, 0752, 0	rdance with DP oost of operating 0753 and 0754	A rules in the pertaining to	\$ 26. e service of the S was equal to or g	state of Cal preater than ad seat belt	fornia. Ihe usage.			DATE	19/07			